

Lamont Hunter
PCT International Division
(703) 305-3286

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/089984** FILING DATE _____
APPLICANT(S) _____

CLAIMS

IND.	DEP.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
		IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.
		1						51		51		51
2								52		52		52
3								53		53		53
4								54		54		54
5								55		55		55
6								56		56		56
7								57		57		57
8								58		58		58
9								59		59		59
10								60		60		60
11								61		61		61
12								62		62		62
13								63		63		63
14								64		64		64
15								65		65		65
16								66		66		66
17								67		67		67
18								68		68		68
19								69		69		69
20								70		70		70
21								71		71		71
22								72		72		72
23								73		73		73
24								74		74		74
25								75		75		75
26								76		76		76
27								77		77		77
28								78		78		78
29								79		79		79
30								80		80		80
31								81		81		81
32								82		82		82
33								83		83		83
34								84		84		84
35								85		85		85
36								86		86		86
37								87		87		87
38								88		88		88
39								89		89		89
40								90		90		90
41								91		91		91
42								92		92		92
43								93		93		93
44								94		94		94
45								95		95		95
46								96		96		96
47								97		97		97
48								98		98		98
49								99		99		99
50								100		100		100
TOTAL D.								TOTAL IND.				
TOTAL P.								TOTAL DEP.				
TOTAL AIMS								TOTAL CLAIMS				